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ABSTRACT

In the last decade there has been a noticeable decrease in the number of minorities recruited and retained in graduate professional education programs for human communication sciences and disorders and in the number of minority members of the American Speech-Language-Hearing Association (ASHA). A number of causes have contributed to the decline, including (1) financial constraints in the form of limited student loans, new tax laws affecting student aid and tuition increases; (2) visibility of the profession; (3) certification and licensure requirements, such as the National Examination in Speech-Language Pathology or Audiology; (4) discrimination against nonnative speakers of English; and (5) lack of minority role models in the field. However, ASHA has taken steps to increase minority recruitment and retention, including conducting studies and publishing reports on minority enrollment, developing booklets, establishing an endowment fund for minority students, and developing recruiting posters and brochures. It is hoped that these efforts and others will slow the current minority brain drain. (Several tables and 11 references are included.) (JC)

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MINORITY BRAIN DRAIN IN HUMAN COMMUNICATION SCIENCES AND DISORDERS

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Introduction

Focusing on the overall drain of minority talent from the nation's institutions of higher learning, Gilliam (1985) highlighted three scenarios:

Item: Late last spring, Jocelyn Hart, Assistant Dean of the Cornell University Graduate School in Ithaca, New York, made an alarming discovery: Cornell would not have a single Black student among the hundreds admitted to the graduate physical science programs for the fall term.

Item: Recently, Elaine J. Copeland, a graduate school dean at the University of Illinois, realized with a shock that Black enrollment in the university's graduate programs had dropped almost 40 percent between 1974 and 1985.

Item: Betty Hill considered taking a job after receiving a bachelor's degree in biochemistry from Mississippi State University in 1982. She knew she couldn't afford the annual tuition and living expenses of $15,000 at Pittsburgh's Carnegie-Mellon University. Had she not received financial help to attend graduate school, Carnegie-Mellon would not have a single Black biochemistry graduate student today.

These three scenarios vividly illustrate the impending crisis that exists in the recruitment and retention of minority students in graduate professional education programs, including the discipline of human communication sciences and disorders.

Speech-Language Pathology and Audiology

Speech-language pathologists and audiologists are professionals who hold either a master's or doctoral degree in the discipline of human communication sciences and disorders, have completed a Clinical Fellowship Year, and are qualified to identify, assess, and provide treatment for individuals with speech, language, or hearing disorders. Services provided by speech-language pathologists are recognized by federal agencies such as the Health Care Financing Administration and private agencies such as the Joint Commission on Accreditation of Hospitals. The American Speech-Language-Hearing Association (ASHA) is the scientific and professional organization which represents more than 54,000 speech-language pathologists and audiologists in the United States.

Speech-Language Pathology

Speech-language pathologists are concerned with the assessment and treatment of speech and language disorders in children and adults. They are best qualified to offer assistance to persons with communicative disorders. Services provided by speech-language pathologists include:

- Preventing, evaluating and treating disorders of verbal and written language, articulation, voice, fluency, mastication, deglutition, cognition/communication, auditory and/or visual processing and memory, and interactive communication.

- Determining the need for argumentative communication systems (sign language, gesture systems, communication boards, electronic automated devices, mechanical devices); selecting and developing the most effective and functional communication system; and, providing training in maximal utilization of the system selected.

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Audiology

Audiologists provide and coordinate services to the hearing handicapped, including prevention and detection of the problem and management of any existing communication handicaps. The broad categorical services audiologists provide include:

- Audiologic evaluation which includes air conduction, bone conduction, and speech thresholds, word/sentence recognition tests, acoustic emittance (impedance) tests, communication handicap inventories, evoked potential response tests, and electronystagmography.

- Auditory prosthesis (e.g., hearing aid or assistive listening device) evaluation and auditory (aural) rehabilitation which may include orientation to auditory prosthesis, auditory training, and speech reading training.

Education and Continuing Education

In 1987, there were 239 graduate education programs in speech-language pathology and/or audiology. One hundred and fifty-five of the programs are accredited by the Educational Standards Board (ESB) of the American Speech-Language-Hearing Association (ASHA). The ESB sets nationally established standards that are recognized by the Council of Postsecondary Accreditation (COPA) and the U.S. Department of Education.

The American Speech-Language-Hearing Association offers an Award for Continuing Education (ACE) to ASHA members and nonmember certificate holders. Requirements for the ACE are established by the Continuing Education Board and may be met within any three-year period. The ACE is valid for three years, during which time the requirements may be completed for renewal of the ACE. Approximately 60% of the membership are enrolled in the continuing education program.

Licensure and Certification

There are 37 states that now require professional licensure of speech-language pathologists and audiologists. Approximately 78% of the ASHA membership reside in licensed states. Generally, their licenses call for meeting requirements similar to the ASHA Certificate of Clinical Competence (CCC). The qualifications necessary for the CCC include a master's degree or equivalent in the area of discipline, a nine-month Clinical Fellowship program under the supervision of a professional who holds the CCC, and the successful completion of a national examination.

Practice Settings

Speech-language pathologists and audiologists provide services in hospitals, private practices, rehabilitation centers, skilled nursing facilities, university speech and hearing clinics, home health agencies, rehabilitation agencies, health departments, and community speech and hearing clinics. ASHA's Professional Services Board monitors, reviews, and accredits speech, language and hearing service programs.

Speech-language pathologists and audiologists accept referrals from many sources, including physicians and other health professionals. There is no requirement for medical prescription or supervision since the profession is autonomous.

Racial/Ethnic Demography

During the period between 1972 and 1986, the proportion of minority ASHA members has increased steadily but slowly from 1% to nearly 4% of the entire membership (Table 1). This is far below the

proportion of minorities in the total United States population (approximately 17% according to the 1980 U.S. Census). The relative proportion of each minority group among the ASHA minority membership has remained relatively constant, with Blacks constituting the largest group, followed by Asians, Hispanics, and American Indians, respectively.

Table 1

ASHA Membership by Race/Ethnicity

Year	1972	1976	1978	1980	1982	1984	1986
Whites*	15,554	24,180	32,019	35,327	37,022	39,828	47,779
Blacks	176	164	271	442	475	650	793
Asians (or Pacific Islanders)	11	74	86	161	204	345	453
Hispanics	13	40	71	135	194	312	404
American Indians (or (Alaskan Natives)	2	8	17	31	49	171	162
Total ASHA Members	15,756	24,466	32,464	36,096	37,944	41,306	49,591
Total and Percent Minority	202 (1%)	285 (1%)	445 (2%)	769 (2%)	922 (2%)	1,478 (3.6%)	1,812 (3.7%)

Source: Data from 1978 to present are from the Membership Update Survey and Annual Count Report of the American Speech-Language-Hearing Association (ASHA). Data from 1972 and 1976 were from the ASHA Voluntary Ethnicity/Sex Questionnaire.

*Note: Includes non-responses to race/ethnicity survey item. For 1976, it also includes responses to the survey items "mixed ethnicity" and "other."

The national distribution of minority speech-language pathologists and audiologists who are ASHA members parallels that of the minority population in the United States. The majority of minority members are located in large urban cities in the north, in southeastern and southwestern states, and on the west coast. The largest concentration of minority ASHA members is in California, where about 16% of the entire minority ASHA membership work.

As a subgroup within ASHA, racial/ethnic minority members represent the Association in microcosm. Although the number of minorities within ASHA is small and disproportionately lower than the minority representation in the total United States population, the overall membership trends that characterize ASHA are applicable to the minority ASHA membership. The minority distribution patterns by area of certification (Table 2), employment setting, primary employment activity, sex and even salaries, closely approximate those of the membership at large (ASHA Membership Update Survey, 1986; ASHA Omnibus Survey 1983, 1984, 1986).

Table 2

Percentage of Minority ASHA Membership
By Type of Certification

	SP	A	SP/A	Total
White	83%	14%	3%	100%
Blacks	90%	8%	2%	100%
Asians (or Pacific Islanders)	78%	19%	3%	100%
Hispanics	87%	11%	2%	100%
American Indians (or Alaskan Natives)	84%	12%	4%	100%

SP = Certification in Speech-Language Pathology
A = Certification in Audiology
SP/A = Dual Certification

Source: 1986 ASHA Membership Update Survey

One area in which a notable difference is found across racial groups is in the attainment of doctoral degrees (refer to Table 3). Of all males within the ASHA membership, Asian males have the highest percentage of doctorates (47.6%); Black males have the second highest percentage of doctorates (44.8%). White males and Hispanic males with doctorates represent 38.2% and 29.4%, respectively. Overall, females have fewer doctorates than males, but the cross-racial differences are also worthy of note. Among females, Black females have the highest proportion of doctorates (10.5%), followed by Asians (6.3%), Hispanics (5.6%) and Whites (4.2%), respectively. (Because of the small number of both male and female American Indians, percentage of doctorates were not calculated for either of those groups.) Several explanations are possible for the cross-racial differences among doctoral recipients. Minorities often feel a need to "over-achieve" in order to receive parity in employment and career opportunities. Also, certain professional education programs, such as those at the Ohio State University and Howard University, have had very active minority recruitment efforts at the doctoral level in the communication sciences. Further, it is possible that minority students who choose the rigorous academic path required for a career in the communication sciences may tend to have higher achievement potential.

Table 3

ASHA Membership by
Sex, Highest Degree and Race/Ethnicity

	Black	Hispanic	Asian	White
Male				
Ph.D.	44.8%	29.4%	47.6%	38.2%
MA	53.7%	70.6%	50.8%	60.1%
BA	1.5%	0 %	1.6%	1.7%
Female				
Ph.D.	10.5%	5.6%	6.3%	4.2%
MA	86.9%	92.6%	89.4%	93.2%
BA	2.6%	1.8%	4.2%	2.6%

Source: 1986 ASHA Membership Update Survey

Minority Student Enrollment

In 1986-87, there were 239 training programs (undergraduate and graduate) in speech-language pathology and audiology. Although most of these programs are in universities which have small minority student enrollments, most report that they are involved in minority student recruitment efforts.

Minority students are enrolled in larger numbers in communication disorders programs in the southeast, southwest and west coast (federal regions IV, VI and IX, respectively). Programs in historically Black institutions and other minority emphasis programs are largely responsible for the distribution (Cole & Massey, 1985). Such programs have been primary sources of Black, Hispanic, Asian and American Indian professionals in most professions, including the communication sciences.

There are 17 programs in speech-language pathology and audiology in historically Black institutions; 8 of which have master's programs and 1 with a doctoral program (American Speech-Language-Hearing Association, 1985). Of the 8 master's degree programs in historically Black institutions, 4 are accredited by the Educational Standards Board of ASHA. The remaining 4 are in various stages of the accreditation process.

Additionally, there were eleven training programs in 1987 that were identified as having a "bilingual emphasis" in speech-language pathology. These programs actively recruit and train bilingual students to work with bilingual populations with communication disorders (American Speech-Language-Hearing Association, 1985).

In the past five years, minority student enrollment has fluctuated so widely that there has been cause for only cautious optimism. There has been a reported decline in total enrollment in communication science programs since 1982. However, in that same time period, there was a substantial decline in minority enrollment, followed by a stabilization, followed by a slight increase.

In the 1983-84 academic year, the total number of minority students enrolled in speech-language pathology and audiology programs was 2,136 (see Table 4). That represented a 14% drop from the 1982-83 minority student enrollment of 2,622 in speech-language pathology and audiology programs nationwide. By comparison, there was an overall decline of only 6.6% of all students enrolled in speech-language pathology and audiology programs from 1982-83 to 1983-84 (Cole & Massey, 1985). Thus, the decline in minority students was more than double that of all students in speech-language pathology and audiology programs.

Table 4

1983-1984 Minority Students Enrollment
in Speech-Language Pathology and Audiology

	Black	Hispanic	Asian	American Indian	Total Minority Enrollment	Total Enrollment
Undergraduate	1,041	365	95	45	1,546	15,910
Master's	341	113	88	14	556	8,473
Doctoral	10	9	10	5	34	645
	1,392	487	193	64	2,136	25,028

Source: Council of Graduate Programs in Communication Sciences and Disorders, 1983-84 National Survey.

In the following academic year, 1984-85, total minority enrollment in speech-language pathology and audiology remained relatively constant (see Table 5). However, upon close examination of the enrollment data, there continued to be cause for concern. Of all minority students enrolled in speech-language pathology and audiology, there was a 16% increase at the master's level, and a 53% increase at the doctoral level; but a 10% decline at the undergraduate level. For all students, there was only a 4% decline at the undergraduate level.

Table 5

1984-1985 Minority Student Enrollment in Speech-Language Pathology and Audiology

	Black	Hispanic	Asian	American Indian	Total Minority Enrollment	Total Enrollment
Undergraduate	968	389	8	23	1,388	15,910
Master's	374	188	78	19	659	8,243
Doctoral	45	9	16	2	72	647
	1,387	586	102	44	2,119	24,800

Source: Council of Graduate Programs in Communication Sciences and Disorders, 1985-86 National Survey.

In analyzing the relative proportions of each minority group compared to all students in 1984-85, the proportion of Black students remained relatively constant and the number of Hispanic students increased by 20%; but Asians and American Indians declined by 47% and 31%, respectively. The percentage of minority students relative to all students remained constant between 1983-84 and 1984-85 at 8.5% (Cole, 1985).

In the 1985-86 academic year, there was a 3% decline in total enrollment in speech-language pathology and audiology, but a 9% increase in the total minority enrollment (see Table 6). The increase in the total minority student enrollment was primarily due to the increase in minority students at the undergraduate level, in contrast to the prior academic year. Also in contrast to the prior academic year was the dramatic increase (58%) in the number of Asian students. In that same period, the number of Black students increased by 9%, American Indian students increased by 15%, but Hispanic students declined by 18%. Overall, minority students enrollment represented 9.5% of the total student enrollment, which is an increase over prior years.

Table 6

1985-86 Minority Student Enrollment in
Communication Sciences and Disorders

	Black	Hispanic	Asian	American Indian	Total Minority Enrollment	Total Enrollment
Undergraduate	1,091	325	130	24	1,570	14,608
Master's	387	150	92	25	664	8,744
Doctoral	43	7	18	3	71	744
Total	1,531	482	240	52	2,305	24,096

Source: Council of Graduate Programs in Communication Sciences and Disorders, 1985-86 National Survey.

The 1985-1986 minority student enrollment in communication sciences and disorders represents the potential to nearly double the number of minority ASHA members by the end of the decade. However, given the fluctuating minority enrollment statistics in the last five years, it is impossible to predict future trends in enrollment or the future racial/ethnic demography of the profession.

Furthermore, although current minority student enrollment figures are promising, enrollment data provide indices of recruitment rather than retention. Therefore, it is not known how many of the minority students who enroll in communication sciences programs actually graduate. National trends across all disciplines are not encouraging. Of all minorities who graduate from high school, only 20% enter college and only 4% of those who enter college eventually complete graduate school (National Commission on Excellence in Education, 1983). Thus, professional education programs in communication sciences and disorders must compete with all other disciplines for that relatively small pool of potential graduates.

Barriers to Recruitment and Retention

Overall, the occupations with the lowest number of minority students tend to be those that require more extensive training, advanced professional degrees, and/or specialized certification or licensure. Such requirements often pose barriers to entry at both the educational and professional levels. Financial constraints, professional visibility, credentialing requirements, linguistic background and the paucity of minority role models pose additional barriers to minority recruitment and retention in speech-language pathology and audiology.

Financial Constraints

Financial constraint is the primary factor affecting retention of minority students in speech-language pathology and audiology programs (Cole & Massey, 1985). Recent federal budgetary cuts, limited student loans, redirected priorities of lending institutions, new tax laws affecting student financial aid, and the constantly increasing costs of education often turn the "open door" of higher education into a "revolving door." Other influential factors that have been reported include the lure of higher salaries in other professions.

Professional Visibility

Another major barrier to the recruitment of minority students into speech-language pathology and audiology is that these fields are not "household words." They are not as visible as many other professions. Therefore, speech-language pathology and audiology often are not known to be career options. Many speech-language pathology and audiology professionals indicate that they themselves did not learn about the existence of the profession until they were in college or had a personal experience that required contact with such a specialist.

Credentialing Requirements

After matriculation from professional education programs, credentialing requirements (i.e., certification and/or licensure) can impose barriers to professional entry. The clinical practice of speech-language pathology and audiology requires certification by the American Speech-Language-Hearing Association and/or state licensure. To obtain certification or licensure in most states requires (1) a master's degree in speech-language pathology or audiology, (2) completion of a nine month internship (clinical fellowship year), and (3) a passing score on the National Examination in Speech-Language Pathology or Audiology which is administered by the National Testing Service.

Each of the above three requirements pose a hurdle, but the latter seems to impose the greatest hurdle for minorities. From 1981 through 1984, the pass rate for minorities on the national examination in speech-language pathology was 46.2%, compared to 86.3% for Whites. This was a negative differential for minorities of -40%. In the same period, the pass rate for minorities on the audiology examination was 50.9%, compared to 86.1% for Whites. This was a gap of -35.2% for minorities (Goertz and Pitcher, 1985). These differentials have been attributed to disparities in basic educational preparation, disparities in test-taking skills, or the need for academic support or tutorial instruction.

In April, 1985, a revised version of the national examination in speech-language pathology and audiology was administered. Although the overall pass rate on the examination declined, the gap between minority and non-minority performance narrowed. However, the decline in the pass rate was due to the poorer performance by non-minorities. The performance by minorities remained relatively constant. Still, only about half of all minorities taking the examination pass it. (Refer to Table 7.)

Foreign Language Use

Specific minority groups seem to differ in the kinds of problems they encounter in entering professional education programs in human communication sciences and disorders. Several unique problems have come to the forefront recently which affect students who are native speakers of a non-English language who have retained a foreign dialect.

The problems seem to exist on four levels (Cole, 1985). First, such students reportedly are being discouraged from entering professional education programs, but usually on "other" grounds. There have been allegations of unwritten policies not to accept such students. Secondly, students who are enrolled in professional education programs have complained that they are not assigned the full range of cases in their clinical practicum. Thirdly, students requiring internship supervision have difficulty finding supervisors who can supervise work conducted in a foreign language. And finally, there has been at least one law suit filed against an employer who terminated a speech-language pathologist because of her foreign dialect. Of course, such practices are unethical and illegal.

Table 7

Pass Rate on National Examination in Speech-Language Pathology and Audiology By Race

1981 Through 1984[1]

	Speech-Language Pathology	Audiology
White	86.3%	86.1%
Black[2]	46.2%	50.9%
Differential	40.1%	35.2%

April 1985 Administration[3]

	Speech-Language Pathology	Audiology
White	70.1%	67.9%
Minorities[4]	47.5%	52.0%
Differential	22.6%	15.9%

[1]Source: Goertz, M.E. and Pitcher, B. (1985, January). The impact of NTE use by states on teacher selection. [Research Report] Princeton, NJ: Educational Testing Service.

[2]Note: Because of the very small numbers of Hispanics, Asians and American Indians taking the examination, no comparisons were performed for those groups.

[3]Educational Testing Services (1985, July). Unpublished Statistical Table. Princeton, N.J.: Author.

[4]Includes: 56% Black, 15% Hispanic, 12% Pacific/Asian American, 10% American Indian (including Alaskan Native) and 7% "other."

Minority Faculty

Minority faculty in professional education programs often serve as role models for aspiring students. The paucity of minority faculty in the communication sciences constitutes another barrier to minority student recruitment and retention. The Council of Graduate Programs in Speech-Language Pathology and Audiology (1986) reported that minority faculty representation was only 5.8% of the full-time academic and clinical faculty in speech-language pathology and audiology programs in the 1985-86 academic year: 3.9% Black, .5% Hispanic, .1% American Indian, and 1.1% Asian. (See Table 8.)

Impact Across Groups

Factors associated with recruitment and retention seem to affect each of the racial/ethnic minority groups similarly, as evidenced by the relatively constant proportion of specific minority groups among the minority enrollment. In 1983-84, minority students enrolled in speech-language pathology and audiology programs included 65% Black, 23% Hispanic, 9% Asian (or Pacific Islander), and 3% American Indian (or Alaskan Native) (Cole & Massey, 1985). In the subsequent academic years, the relative proportions of specific racial/ethnic minority students among the total minority enrollment in speech-language pathology and audiology programs remained essentially the same (see Table 9).

Table 8

1985-86 Full Time and Part Time Minority Faculty in Communication Sciences and Disorders

	Black	Hispanic	Asian	American Indian	Total Minority	All Faculty
Full Time	88	11	21	3	123	2,124
Part Time	19	2	2	0	23	640
	107	13	23	3	146	2,764

Table 9

Relative Proportion of Specific Groups of Minority Students in Speech-Language Pathology and Audiology Programs

Academic Year	Blacks	Hispanic	Asian	American Indian	Total
1982-83	58%	21%	(21%)*		100%
1983-84	65%	23%	9%	3%	100%
1984-85	65%	28%	5%	2%	100%
1985-86	66%	20.9%	10.4%	2.3%	100%

*(In 1982-83, the category "other" was used to collectively designate Asians, American Indians and various international groups.)

Source: Council of Graduate Programs in Communication Sciences and Disorders, 1982-83, 1983-84, 1984-85,1985-86 National Surveys.

Overcoming the Barriers

The American Speech-Language-Hearing Association has affirmed its commitment to minority student recruitment and retention with the implementation of numerous programs, policies and activities over the past two decades.

In November 1969, the Office of the Association Secretary of Urban and Ethnic Affairs was established within the ASHA National Office. Among its charges was the development of projects to address the specific needs of minority professionals, minority students and minority communicatively handicapped persons.

In February 1971, the ASHA Office of Urban and Ethnic Affairs (now the Office of Minority Concerns) held an unprecedented conference involving representatives of the ASHA Executive Board, ASHA National Office staff and directors of programs in speech pathology and audiology in historically Black institutions. The purpose of this conference was to determine the needs and problems of the speech pathology and audiology training programs in Black colleges and universities, assist training program directors in meeting these needs and formulate possible solutions to the identified problems. The consensus of the directors was that the long-range goals of their programs were to become quality training programs at the undergraduate level and to become ASHA accredited training programs at the master's level. At the time of this conference, there were only four graduate training programs in historically Black institutions. Because of factors such as recency of establishment of their graduate training programs and not having met the requisite number of master's level graduates, none of these programs was eligible for accreditation at that time.

Throughout the 1970's, ASHA continued to demonstrate concern about the quality and quantity of minority training in the fields of speech-language pathology and audiology. Representative of this concern were the conduct of a "Minority Education Workshop" in 1976 and miniseminars on "Recruitment of Minorities into Speech Pathology and Audiology" and "Strategies for Program Development in Predominantly Black Institutions" in 1977. In 1978, ASHA published a public information brochure on "Career Information for Students of Ethnic Minority Groups" to assist program recruitment efforts.

In 1980, ASHA co-sponsored a conference entitled "Communication Disorders in Historically Black Institutions." (Other sponsors were the National Alliance of Black School Educators and the National Black Association for Speech, Language and Hearing.) The purpose of this conference was to establish an agenda for the 1980s for speech-language pathology and audiology programs in historically Black institutions. At the time of this conference, there were six graduate programs in speech-language pathology and audiology, none of which had been accredited. Although many of the issues raised at this conference reflected the plight of historically Black institutions in the 1980s across all disciplines, this meeting provided a forum to explore solutions pertaining to preservice training, research funding, and program accreditation. Since that conference, four of the six graduate programs have become accredited and two new graduate programs have been established.

In 1983, the ASHA Executive Board and Legislative Council established the 1984-1987 Long Range Plan of ASHA. A priority objective included in that Plan has been to:

> Promote the recruitment and retention of bilingual and minority students for the discipline of human communication sciences and disorders.

Consonant with that objective, a major thrust of the ASHA Office of Minority Concerns has been:

> To stimulate a 200% increase in the number of minority and bilingual ASHA members between 1980 and the year 1990.

Examples of specific activities conducted to fulfill these objectives include the following:

- Conducted a study and prepared a report on minority student enrollment in higher education institutions with communicative disorders programs (Cole & Massey, 1985). The report was designed to facilitate study of the pool of available minority students at various institutions and self-study of any disparities that may exist between the university and the program minority representations. The report also is expected to be useful to prospective students seeking a specific racial and ethnic balance in their academic environment.

- Developed a career information booklet for minority students in speech-language pathology and audiology. This product was designed for minority student recruitment and to assist students in identifying programs which have active minority recruitment efforts.

- Established an endowment fund for minority student scholarships through the American Speech-Language-Hearing Foundation. The first scholarship in the amount of $2,000 was awarded in 1987.

- Designed and disseminated a recruitment poster to attract the attention of potential students and encourage them to seek additional information about careers in speech-language pathology and audiology. Over 10,000 copies have been disseminated to high school career counselors, university placement centers, and professional education programs in allied health, speech-language pathology and audiology throughout the country.

- Prepared a brochure of financial aid sources for minority students in speech-language pathology and audiology. This product lists numerous sources of financial aid, most of which have been specifically targeted to Black, Hispanic, Asian and American Indian students.

- Established liaison with the National Student Speech Language Hearing Association (NSSLHA) to identify minority students. The student organization now includes an item on its application form to indicate minority status. From this information, a registry of minority student members of NSSLHA has been created.

- Initiated an internship program for minority doctoral students in speech-language pathology and audiology to offer experience in administration. Interns work under the direct supervision of the Minority Concerns Director at the American Speech-Language-Hearing Association National Office.

- Prepared a report on the racial/ethnic demography of the speech-language pathology and audiology profession covering the period from 1972 through 1984. This report was designed to track the rate of progress of minority recruitment and retention efforts.

- Established liaison with the Peace Corps to provide clinical practice experiences in speech-language pathology and audiology in third world countries.

- Initiated a study of minority student performance on the National Examinations in Speech-Language Pathology and Audiology which is taken as one of the requirements for certification by the American Speech-Language-Hearing Association.

- Provided technical assistance and ongoing liaison with professional education programs in historically Black institutions and bilingual emphasis programs in speech-language pathology and audiology.

- Coordinated a Conference on Communicative Disorders in Historically Black Institutions held on the campus of Howard University in October, 1980. The purpose was to address issues related to student recruitment and retention, research funding, program accreditation and federal assistance for professional training.

- Served as a Member of the Advisory Board to the Doctoral Program in Communication Sciences of Howard University (which has the only doctoral program in the discipline in a historically Black institution).

- Developed and conducted a National Colloquium on Underserved Populations in June, 1985 which included an examination of barriers to the education of economically disadvantaged and linguistic minority students (among other populations).

- Developed and conducted the first ASHA conference on Multicultural Professional Education in Communication Disorders held in Sea Island, Georgia in January, 1987. This conference provided a forum for program directors and faculty on minority student recruitment and retention, learning styles of minority college students, multicultural curriculum development and financing multicultural professional education. A second conference was planned for 1988.

The minority "brain drain" in the speech-language pathology and audiology profession is symptomatic of the diminishing pool of minority students in higher education across all academic disciplines. The issues involved in minority student recruitment and retention are complex. But, with diligent strategic efforts, interagency coalitions and increased human and fiscal resources, the barriers are not insurmountable.

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